

PART B - FEE(S) TRANSMITTAL

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7590

01/21/2005

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04/19/2005 RFEKADU2 00000096 09966294

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Cathryn Terchek

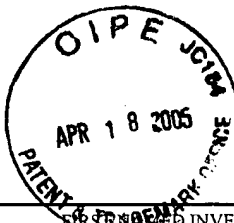
(Depositor's name)

Cathryn Terchek

(Signature)

April 14 2005

(Date)



APPLICATION NO.	FILING DATE	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/966,294	09/27/2001	Oleg D. Lavrentovich	KSU.P202	5056

TITLE OF INVENTION: NON-LITHOGRAPHIC PHOTO-INDUCED PATTERNING OF POLYMERS FROM LIQUID CRYSTAL SOLVENTS WITH SPATIALLY MODULATED DIRECTOR FIELDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	04/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SEFER, AHMED N	2826	349-088000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fay, Sharpe, Fagan,

2 Minnich & McKee, LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Kent State University

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kent, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 4

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0508 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

James W. McKee

Date

4-19-05

Typed or printed name

James W. McKee

Registration No.

26,482

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